									Application or Docke: Number					
_	PATENT APPLICATION FEE DETERMINATION RECOR								ID 510649					
		CLAIMS A	S FILED - PART I (Column 1) (Column 2)					SMALL	ENTITY	08	OTHE	R THAN		
T	OTAL CLAIM				·		RATE	FEE	٠.٠	RATE	FEE			
F	OR	NUMBER FILED		NUM	ANTX3 R38MU		BASIC FE	E			W ~~~~			
TOTAL CHARGEABLE CLAIMS			30 minus 20≠		• .	10		XS 9=	 	OR	7010	Figo		
IN	DEPENDENT (3 minus 3 = 1		• _			X43=	 	OR	Yes	1 10			
M	JLTIPLE DEPE	NDENT CLAIM F	RESENT				ŀ	1.15	+	7				
• 1	I the differenc	e in column 1 is	less than zero, enter "0" in column 2				į	-145=	+	OR	-290=	san ik		
	i . (CLAIMS AS AMENDED - PART II							IUIAL	<u> </u>	OR	OTHER	THAN		
	08-09	(Column 1)		(Column 2) (C		(Column 3)		SMALL	ENTITY	OR	SMALL			
MENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	.(31)	Minus	-30)	0		XS 9=		OR	XS18=_	0		
AME	Independent	1.3	Minus		3	-0	ı	X43= ·		OR	X86=	0		
Ų/	FIRST PRES	ENTATION OF M	ULTIPLE DE	TIPLE DEPENDENT CLAIM			T	+145=		OR	+290=			
		•					L	TOTAL			TOTAL			
		(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE			ADDIT. FEE			
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT B	Total	•	Minus	.66		= '		X\$ 9=		OR	X\$18≃			
	Independent	*	Minus	•••	20.000	-	r	X43=		OR:	X86=			
	PINST PRESE	NTATION OF MU	LIPLE DE	ENDENT	LAIM			+145=		OR	+290=	·		
						•		TOTAL	· · · · ·	L	TOTAL			
	•	(Column 1)	٠	(Columi	n 2) [.]	(Column 3)	AL	DIT. FEE		I A	DDIT. FEE			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	ST FR ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total		Minus	**				X\$ 9=	-	OR	X\$18=			
¥	Independent		Minus	·m				X43=		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	145=			+290=			
• #	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR [TOTAL			
- Il	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **Total ADDIT. FEE **OTAL ADDIT. FEE **Total OR ADDIT. FEE **Total													
•	··· · ··· · ··· · · · · · · · · · · ·	ou. Tremously Palo	· w (local or	« oepenoem	y 15 किए। 	iignesi number t	UURD	es me stab	opriate box	en colu	MA 1.	ŀ		

FORM PTO-875 (Rev 10:03)

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